Third phase of AIDS control

1456. SHRIMATI SUPRIYA SULE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether after successful completion of Phase-I and II campaign for National AIDS Control programme, third phase with the three pronged strategy is being considered;

(b) if so, whether the third phase is envisaged to strengthen a link between general health programme and prevention of HIV/AIDS, etc.; and

(c) if so, whether it would reach upto village level with the aims of care, support, treatment and prevention?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir. National AIDS Control Programme-III (NACP-III) has commenced with effect from 1st April, 2007 with a three pronged strategy prevention, care & support including treatment and institutional strengthening.

(b) Yes, Sir. Under the NACP-III, synergy with programmes under National Rural Health Mission (NRHM) including Revised National Tuberculosis Programme (RNTCP) and Reproductive and Child Health (RCH) programme has been ensured. At district level, all activities will be implemented by the District Health Society.

(c) Services for HIV testing and counselling and other preventive measures will be available under NACP-III in rural areas through NRHM set-up. Antiretroviral treatment will be made available upto district or sub-district level based on prevalence of HIV/AIDS and number of persons on treatment.

Toxic content in medical instruments

1457. SHRIMATI PREMA CARIAPPA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what steps are proposed to be taken to phase out the toxic metal mercury which is currently in use in medical instruments at all the hospitals in the country;

(b) whether national policy would be framed in this regard to save the environment and public health; and

(c) if so, by when and the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) There are no known cases of health problems resulting from the involvement of mercury in hospitals. The breakage of mercury thermometers may lead to spillage of some mercury but the same is supposed to be collected as a part of the hospitals health and safety practices and mercury bearing waste, irrespective of the source of generation containing mercury and mercury compounds equal to or greater than 50 mg. per kilogram is required to be disposed of only as per the requirement of the Hazardous Waste (Management and Handling) Rules as amended in May, 2003.